



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 16, 2024

Emily Wieber  
2307 W Maple Rapids Rd  
St. Johns, MI 48879

RE: Application #: AM190416597  
**The Maples of St. Johns**  
**2307 W. Maple Rapids Rd**  
**Saint Johns, MI 48879**

Dear Emily Wieber:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190416597
<b>Applicant Name:</b>	Emily Wieber
<b>Applicant Address:</b>	2307 W Maple Rapids Rd St. Johns, MI 48879
<b>Applicant Telephone #:</b>	(517) 526-3723
<b>Licensee:</b>	Emily Wieber
<b>Administrator:</b>	Emily Wieber
<b>Name of Facility:</b>	The Maples of St. Johns
<b>Facility Address:</b>	2307 W. Maple Rapids Rd Saint Johns, MI 48879
<b>Facility Telephone #:</b>	(517) 526-3723
<b>Application Date:</b>	05/26/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

05/26/2023	Enrollment
05/26/2023	Application Incomplete Letter Sent w/1326a and RI-030
05/30/2023	Inspection Report Requested - Fire inspection initiated.
05/30/2023	Inspection Report Requested - Health
07/13/2023	Contact - Telephone call received. Message rec'vd regarding status.
07/14/2023	Application Incomplete Letter Sent w/1326a and RI-030
07/14/2023	Contact - Telephone call made. Left a message letting LD know about the emails that were sent with the documents needed to process application and advised them to contact me if the email address that I've been using is not correct.
09/06/2023	Application Incomplete Letter Sent- 2nd Request.
09/06/2023	PSOR on Address Completed
09/06/2023	Contact - Document Received- 1326/RI 030/Fingerprint for Lisa Woodruff
09/06/2023	File Transferred To Field Office Lansing via SharePoint
09/11/2023	Contact - Telephone call made leaving message for licensee.
09/11/2023	Contact - Document Sent - Email to licensee.
09/11/2023	Application Incomplete Letter Sent- Emailed to licensee.
09/12/2023	Contact - Telephone call made leaving a voicemail message for licensee.
09/12/2023	Contact - Document Sent- Email to licensee.
09/12/2023	Contact - Document Received- Email from licensee.
09/13/2023	Contact - Telephone call made with licensee Emily Wieber to discuss information about new license.
09/13/2023	Contact - Telephone call made. Discussion with AFC supervisor.
09/13/2023	Contact - Telephone call made follow up discussion with licensee.

09/13/2023 Application Incomplete Letter Sent. 2nd letter emailed to licensee Ms. Wieber.

09/13/2023 Contact – Document Received from licensee Ms. Wieber.

11/27/2023 Contact – Document Received- From licensee Ms. Wieber.

12/11/2023 Inspection Completed On-site

12/11/2023 Inspection Completed-BCAL Sub. Compliance- Unknown status of BFS and EHI.

12/21/2023 Confirming Letter Sent

01/02/2024 Contact – Telephone call made to licensee / administrator Emily Wieber. Ms. Wieber stated they are still waiting to hear from the environmental health inspector. Ms. Wieber stated the company installing their sprinkler system is scheduled to complete the installation on 01/09/2024. They will be filling the tanks and ensuring the system is fully operational. If the system is working as designed, they will contact BFS and schedule an inspection. MS. Wieber will email me the approval letter from the zoning authority and the architectural plans.

01/30/2024 Contact – Telephone call received from licensee Ms. Wieber stating the sprinkler system has been completed at the facility. Ms. Wieber said they are waiting on the plan sent to the Bureau of Fire Services (BFS) to be approved for the new bedrooms smoke and carbon monoxide detectors.

02/07/2024 Comment- Environmental Health Inspection (EHI) D rating Report emailed to licensing consultant.

02/07/2024 Inspection Completed-Env. Health: D

02/14/2024 Contact – Telephone call received. Area manager Dawn Timm contact me today via phone and stated she spoke with the sanitarian from the Mid-Michigan District Health Department working with this licensee and was informed the licensee must install a septic system larger than the one currently in use before the facility can be determined to be in substantial compliance with applicable rules because of the request to increase the number of residents living at the facility.

04/24/2024	Contact – Document Received- Licensee Ms. Wieber emailed me today providing an update regarding approval from the State Fire Marshal Cory Irvin.
04/24/2024	Application Complete/On-site Needed
05/01/2024	Inspection Completed-Fire Safety: A
05/13/2024	Inspection Completed – Env. Health: A
05/13/20224	Inspection Completed On-site
05/13/2024	Inspection Completed-BCAL Full Compliance
05/14/2024	Recommend License Issuance
05/15/2024	LSR Generated

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Maples of St. Johns is a single – story, approximately 7,000 square foot brick building with no basement. The facility is located on five acres of land, and though it has a rural feeling, the facility is near the city of St. Johns, MI.

All resident bedrooms and resident full bathrooms are located on the main floor of the facility. There are 11 bedrooms designated as resident bedrooms in total with all but one designated for single occupancy. There are nine resident bedrooms located in the east hallway of the facility and two resident bedrooms in the west hallway.

Resident bathrooms are centrally located between the two hallways and the one resident bedroom designated for two residents is equipped with a private bathroom. In addition to the resident bedrooms and bathrooms the facility also has an activity room, kitchen, laundry room/salon, and a large dining and gathering space for resident use. There is a large outdoor patio area residents can use during nice weather. Additionally, the facility has an employee breakroom, a conference room, a mechanical room, and an office.

The facility is wheelchair accessible as there are at least two means of egress that are at grade and do not require a ramp. Additionally, the facility is equipped with doors and hallways that are wider than standard and which wheelchair users can easily maneuver. Both resident full bathrooms offer full accessibility for individuals with physical

handicaps and the common areas are open and easy to traverse with a wheelchair or other assistive device.

The facility utilizes a private water and sewer system which were determined to be in full compliance with all applicable rules of the Mid – Michigan District Health Department on 05/13/2024. The facility is equipped with four gas furnaces located in the mechanical room in the east hallway of the facility. There are two hot water heaters powered by gas which are also located in the utility room. The utility room has a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces were last inspected by a licensed professional on 06/15/2023 and were found to be operating correctly. The furnaces are inspected annually.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The smoke detectors are powered from the building’s electrical system, and when activated, initiate an alarm audible in all sleeping rooms with the door closed. Smoke detectors were installed near every sleeping area and in the common living/dining area. The interconnected, hardwired smoke detection system is inspected annually by a professional. The facility was inspected and was determined to be in full compliance with all applicable fire safety rules by the Bureau of Fire Services.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	12' 0" x 15' 0"	180	1
2	10' 0" x 17' 0"	170	1
3	10' 0" x 17' 0"	170	1
4	10' 0" x 17' 0"	170	1
5	10' 0" x 17' 0"	170	1
6	10' 0" x 17' 0"	170	1
7	15' 0" x 18' 0"	270	1
8	19' 8" x 10' 0"	198	1
9	19' 8" x 10' 0"	198	1
10	19' 8" x 10' 0"	198	1
11	19' 8" x 10' 0"	198	2
Office	9' 0" x 19' 0"	171	N/A
Conference Room	10' 0" x 15' 0"	150	N/A
Employee Breakroom	12' 0" x 19' 0"	228	N/A
Activity Room	19' 0" x 20' 0"	380	N/A

The indoor living and dining areas measure a total of 2,162 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 12 male or female residents who are aged and/or physically handicapped. The program will meet all residents' personal care needs such as medication management, incontinence care, bathing, grooming, hygiene, feeding etc. The applicant stated direct care staff members (DCSMs) will be available to assist residents with transferring and mobility.

The applicant indicated residents who have been diagnosed with dementia and may be experiencing confusion, verbal aggression, or loss of ability to meet his/her own needs are appropriate for the program. The applicant will not accept residents who are physically aggressive or have exit-seeking behavior. The applicant stated the residents will also receive laundry services, medication management, homemade meals, a snack bar accessible anytime, and a private telephone line.

The program will not include transportation, but staff members will be able to assist with coordination of transportation. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. The facility is located near the city of St. Johns which has restaurants, parks, shopping centers and other entertainment options. There are also local hospitals, physicians, and medical specialists. These resources provide an environment to enhance the quality of life and can increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. This facility is currently licensed as a small group facility in good standing with residents admitted.

Criminal history background checks of the applicant/administrator were completed, and Ms. Wieber was determined to be of good moral character to provide licensed adult foster care. Ms. Wieber submitted statements from a physician documenting her good health and current negative tuberculosis test results dated 08/03/2021.

The applicant/administrator provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has owned and successfully operated a licensed small group AFC facility for the past three years caring for aged individuals as well as individuals with varying physical disability challenges. Additionally, based on the written documentation provided and Ms. Wieber's statements she worked with the aged population as a home health medical assistant for four years where she managed aged individuals' medications, personal care needs, home care needs such as cooking and cleaning, and transportation and participation in medical appointments. Ms. Wieber has worked as a medical assistant at a senior health center where she participated in the creation and implementation of resident care plans. Ms. Wieber learned how to respond to medical emergencies while working as a medical assistant at an urgent care facility. Ms. Wieber has formal education related to health services and financial and administrative management. Ms. Wieber is a certified medical assistant.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of two direct care staff members for 12 residents per shift. The applicant acknowledged that the direct care staff member to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that DCSMs will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio. The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those DCSMs that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and



direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Though the facility is a single-story building with no basement, the applicant acknowledged that residents with mobility impairments may only resident on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home with a capacity of 12 residents.




05/15/2024

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Rodney Gill  
Licensing Consultant

Date

Approved By:



05/17/2024

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Dawn N. Timm  
Area Manager

Date